



Teacher Evaluation Form for Kindergarten Applicants

Recognizing that completing this form is not part of your official duties, our schools greatly appreciate your helping the applicant by supplying the information requested. **Please note that the information you submit will be confidential, will not be shared with the student and family, and will not become part of the student's permanent school records.** In order to establish and honor confidentiality, please send this form directly to the schools requested.

Applicant's Name: _____

Current School/Daycare: _____

Person(s) Completing this Form: _____

How many children are in your program? _____

What is the style of your program? (check all that apply)

- language-learning
- academic-focused
- Reggio Emilia
- outdoor/nature
- other: _____
- play-based
- Montessori
- Waldorf
- arts/drama/music

How long have you known this child and in what capacity?

What are the first few words that come to mind to describe this child? _____

Please comment on this child's strengths: _____

Do you have any specific concerns?: social emotional cognitive behavioral developmental

What are your primary goals for this child? _____

In group situations, what behaviors does this child typically display?

- Tries to control
- Takes a leadership role
- Participates cooperatively
- Observes
- Seeks attention
- Won't participate

How would you characterize this child's interactions with other students? With adults? _____

What, if anything, frustrates this child and how does he/she respond? _____

Are the parents of this applicant supportive of their child's strengths and challenges? Have their expectations and perceptions of their child and your program been in alignment with yours and your school's?

Readiness Behaviors

consistently usually sometimes rarely never

Readiness Behaviors	consistently	usually	sometimes	rarely	never	Additional comments on readiness:
Demonstrates ability to focus on one task	<input type="radio"/>					
Perseveres with a difficult task	<input type="radio"/>					
Responds positively to redirection	<input type="radio"/>					
Shows creativity and imagination in play and work	<input type="radio"/>					
Displays age-appropriate resilience	<input type="radio"/>					
Can follow the lead of peers	<input type="radio"/>					
Assumes a leadership role with peers	<input type="radio"/>					
Cooperates in work and play	<input type="radio"/>					
Transitions appropriately between activities	<input type="radio"/>					
Shows empathy toward peers and adults	<input type="radio"/>					
Seeks help appropriately when needed	<input type="radio"/>					
Is open to new activities and information	<input type="radio"/>					
Demonstrates awareness of self in space	<input type="radio"/>					
Completes tasks independently	<input type="radio"/>					
Can be hyperfocused on one topic of interest	<input type="radio"/>					
Willingly shares materials with peers	<input type="radio"/>					
Follows multi-step directions to completion	<input type="radio"/>					
Demonstrates self-control on the playground	<input type="radio"/>					
Demonstrates self-control in class	<input type="radio"/>					
Initiates play activities	<input type="radio"/>					
Participates in movement activities and games	<input type="radio"/>					
Uses self-help strategies to manage wardrobe and personal hygiene	<input type="radio"/>					
Exhibits coordinated movement when running, walking, or climbing	<input type="radio"/>					
Displays appropriate risk-taking in physical play	<input type="radio"/>					
Understands and adapts when play becomes too rough	<input type="radio"/>					
Shows flexibility with people and activities	<input type="radio"/>					

We would appreciate any additional information which you think would help our school make an informed decision: _____

Thank you for your time and candor. May we contact you if we need clarification? Yes No

Phone number: _____ work cell home

E-mail: _____ work home

Signature: _____ Date: _____